ANNEXURE II

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PROFORMA FOR PATIENT INVESTIGATION

OPD NUMBER:

NAME:

AGE:

SEX:

ADDRESS:

OCCUPATION:

GENERAL INFORMATION FROM PATIENT:

B.P:

HEIGHT:

WEIGHT:

BMI:

DURATION OF HYPERTENSION:

ANTIHYPERTENSIVE TREATMENT:

ANY CO-MORBID CONDITION:

URINARY FREQUENCY:

URINE OUTPUT:

FAMILY HISTORY:

APPETITE:

SLEEP:

NON HEALING ULCER: (YES/NO)

SKIN PROBLEMS: (YES/NO)

CATARACT:

BURNING SENSATIONS IN LIMBS :(YES/NO)

MUSCLE WASTING:

ORAL CAVITY PROBLEM:

THIRST:

NAUSEA:

RECURRENT UTI:

MOOD CHANGES:

CARDIAC PROBLEM:

SURGICAL HISTORY:

ALOCHOLIC HISTORY:

SMOKING:

SWEATING:

EDEMA:

OTHER MEDICATIONS: